

Authority to release information to third parties

Who should use this form?

You should complete this form to add, amend or remove a third party authority held with ESSSuper.

Important: Please read the following before completing this form

- This form authorises another person (for example, your spouse or partner, financial adviser, solicitor, accountant or power of attorney) to obtain your personal information held by ESSSuper, on your behalf.
- ESSSuper will release your personal information to this person when requested to do so.
- The person who holds this authority is not authorised to make changes to any information held by ESSSuper about you.
- You can change or revoke this authority at any time and you can authorise ESSSuper to release information to as many persons as you direct.
- This authority will continue until you revoke or change it.
- A photocopy or facsimile of this form will have the same effect as the original.

Please note, if ESSSuper does not hold a copy of your signature on file, we will require that you provide us with certified identification, before we can process this form. If you are in doubt as to whether we have your signature on file, please provide certified ID. Refer to our website for instructions on how to certify documents.

Please complete this form in pen using CAPITAL letters and mark with an [X] where applicable.

Section 1

Member details

| | | | | | | | | | | | | | | | | | | | | | | |
|----------------------------|--|------------------------------|-----------------------------|-------------------------------|--------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|---------------|---|----------------------|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Member number | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | |
| Title | <input type="checkbox"/> Mr | <input type="checkbox"/> Mrs | <input type="checkbox"/> Ms | <input type="checkbox"/> Miss | <input type="checkbox"/> Other | (please specify) | <input type="text"/> | | | | | | | | | | | | | | | |
| Surname | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | |
| Given names | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | |
| Date of birth | <input type="text"/> | / | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | |
| Postal address | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | |
| | Suburb | <input type="text"/> | | | | | | | | | | | | | | | | | | | | |
| | State | <input type="text"/> | Postcode | <input type="text"/> | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Mark with an [X] if your postal and residential address are the same. If your residential address is different, please specify below. | | | | | | | | | | | | | | | | | | | | | |
| Residential address | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | |
| | Suburb | <input type="text"/> | | | | | | | | | | | | | | | | | | | | |
| | State | <input type="text"/> | Postcode | <input type="text"/> | | | | | | | | | | | | | | | | | | |
| Telephone (business hours) | (| <input type="text"/> |) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | (after hours) | (| <input type="text"/> |) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Telephone (mobile) | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | |
| Email address | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | |



By providing your email address you are authorising ESSSuper to send communications to that address. This authorisation will apply until it is revoked by you.

Section 2 Authorised person's details

In the spaces indicated, please write your full name, the full name of the person/s you wish to add or amend an authority to obtain your personal information, or, the authority you wish to remove.

Member authority
hereby authorise
ESSSuper to:

I,

- ADD** a new authority to release any, all personal information relating to my superannuation held by ESSSuper as indicated below.
- AMEND** my existing authority, by replacing with a new authority as indicated.
- REMOVE** on existing authority as indicated.

for the following person/s:

Surname

Given names

Date of birth / / (only required if you are a family member)

Company (if applicable)

Postal address

Suburb

State Postcode

Telephone () Telephone (mobile)

Relationship Financial advisor Accountant Solicitor Legal Guardian POA*
 Other please specify

*If you are authorising a person under a Power of Attorney you must complete section 3.

The above change(s) are to take effect from / /

Section 3 Power of Attorney

Complete this section only if you are authorising a person under a Power of Attorney

Attorney's full name

Attorney's address

Suburb

State Postcode

By signing below you are confirming that the information provided on this form is accurate and the certified* copy of the Power of Attorney you have attached is current and has not been revoked by the member.

*See the information How to Certify Documents on our website.


Signature of POA PLEASE SIGN HERE Date / /

Section 4

Declaration and signature (compulsory)

- I declare that the information provided in this form is true and correct.
- I acknowledge and agree that I have read and accept the statements relating to privacy (and in particular to the collection, use and disclosure of personal information by ESSSuper) appearing in the ESSSuper Privacy Collection Statement and Privacy Policy available from www.esssuper.com.au

Signature

 PLEASE SIGN HERE

Date / /

Please forward this completed form to

ESSSuper GPO Box 1974, Melbourne Vic 3001

T 1300 650 161 | F 1300 766 757 | www.esssuper.com.au

At ESSSuper, we treat the privacy and confidentiality of our members' personal information seriously. We are committed to complying with the guidelines of the *Privacy and Data Protection Act 2014* and the *Health Records Act 2001 (Vic)*. To obtain a copy of ESSSuper's privacy policy go to our website at www.esssuper.com.au